

## VERIFICATION OF DEPENDENT ELIGIBILITY

**Dependents under age 25 who are unmarried students**

To be enrolled in State sponsored health, dental, and/or vision plans, dependents ages 19 to 25 must meet the following criteria:

- Regularly attending an accredited educational institution
- Unmarried
- Dependent on employee for half of his/her financial support

I certify that the dependent listed below meets the above criteria. Please continue my dependent's enrollment in State sponsored insurance plans.

**EMPLOYEE SIGNATURE**

**DATE**

EMPLOYEE NAME

EMPLOYEE ID NO.

EMPLOYEE DAYTIME PHONE

DEPENDENT NAME

DEPENDENT BIRTHDATE

DEPENDENT SOCIAL SECURITY NO.

SCHOOL DEPENDENT IS ATTENDING

- **Attach copies of documentation verifying your dependent's enrollment in an accredited educational institution, which shows the:**
  - **School Name (High School/College)**
  - **Dependent's Name**
  - **Classes Enrolled** (Last term attended or future term)
  - **Period/Term Enrolled** (Term closest to birth date, either just completed or future term)
- **Appropriate action will be initiated if an employee fails to remove an ineligible dependent. Actions may include (but may not be limited to) recovery of premiums and claims for ineligible dependents and, where appropriate, corrective action.**

**Fax to: (517) 241-5892**

**Mail to: MI HR Service Center  
Capitol Commons Center  
1st Floor, P.O. Box 30002  
Lansing, MI 48909**